

2005 White House Conference on Aging

Post Even Summary Report

Name of Event: Governor's Conference on Aging

Date of Event: May 16-17, 2005

Location of Event: West Des Moines, Iowa

Number of Persons Attending: 632

Sponsoring Organization(s): Iowa Department of Elder Affairs

Contact Name: Carolyn Danielson

Telephone Number: 515-242-3318 Email: Carolyn.Danielson@iowa.gov

On May 16, 2005, a survey was provided to 632 attendees at the Governor's Conference on Aging to determine how attendees ranked the Priority Areas. The results of the tallied surveys are as follows:

Priority Issue #1: Health and Long Term Living

Priority Area #2: Planning Along the Lifespan

Priority Area #3: Our Community

Health and Long Term Living

Barriers:

- Older and disabled adults often do not have maximum control over the care they receive, who provides that care and where they receive that care.
- Nursing homes are a mandatory Medicaid service, while Home and Community-Based Services (HCBS) programs require a waiver. Waivers require rigid budget neutrality, annual reporting requirements, and reauthorization every 3-5 years. This means that those eligible for the HCBS waivers must be nursing home eligible, preventing the use of Medicaid to target those who with some preventive services might avoid or delay nursing home eligibility.
- Seniors and their families are frequently confused about the long-term care system. They tend not to plan well for their inevitable frailty. Important decisions get made in a crisis.

- Defining and measuring quality is very difficult. Consumers tend to focus on intangibles like friendliness and helpfulness while regulators stress training and process. Institutional care also proves difficult to assess in measures that truly reflect what people expect and require.
- Many older adults do not consume the recommended levels of nutrients. The consequence of poor nutrition status is the hastening of many diseases associated with aging. As older adults chronically consume an inadequate diet, they are more likely to have an unhealthy weight, experience decline in both mental and physical health, and have a higher risk of dying.
- The lack of regular physical activity impairs physical functioning and contributes to declines in health status.
- Older people suffer many undiagnosed and untreated mental health problems. Some of these problems are masked by serious illness and hidden by the normal reaction to the inevitable losses of aging.

Proposed Solutions:

- Investigate and implement strategies that improve the recruitment and retention of staff employed in the range of long-term care professions. This would include recommendations coming from the Better Care/Better Jobs initiatives.
- Adopt a state acuity-based reimbursement plan to be applied to all long-term care options.
- Adopt available opportunities to implement consumer direction in the long term care system, including, but not limited to, Service Voucher and Counseling and Money Follows the Person.
- Change the Medicaid program to expand the states' ability to provide services to people in ways that delay and prevent institutional placement rather than merely serve those already eligible for institutional care.
- Implement "Fast Track Eligibility" for Home and Community Based Service Waiver recipients.
- Formalize and fund through the Medicaid program "nursing home transition initiatives" to help people return to their homes and communities.

- Increase the resource limit for waiver clients who want to stay in their homes so that they can have enough money to maintain the house.
- Undertake a national effort to educate people about the importance of planning for their long-term care needs.
- Continue developing managed care options such as PACE for the provision of Long Term Care.
- Commission a study to assess the true costs for home and community based services for a variety of acuity levels to determine the extent of the savings for providing long term care in the community rather than in an institution.
- Develop mechanisms to measure and encourage the kind of quality in long term care which helps people make informed choices about how to receive long term care services.
- Expand demonstration projects in long term care that create truly resident centered, home-like care using principles of the "culture change" movement and other concepts to make nursing homes more like homes and less like hospitals.
- Expand nutritional screening of older adults and individuals determined to be at high risk for nutrition problems, and enhance nutrition counseling as funded under Medicaid, Medicare, private insurance and Older American Act programs.

Planning Along the Lifespan

Barriers:

- 40% of caregivers are spouses who are frail themselves and care for loved ones at no small danger to their own well-being.
- The financial cost to caregivers still in the workforce and their employers is substantial due to lost wages, absenteeism and lost productivity.
- Many caregivers lack the training, skills and support to provide competent care.
- Paid direct care workers to help and replace family care givers are in short supply, poorly paid and overworked.

- The increased use of in-home services without adequate standards, training, oversight and certification for direct care workers raises concerns about quality and abuse.
- The increased use of non-certified staff in consumer directed home care settings increases the chance that people will experience substandard care or worse.
- Unsafe situations stemming from caregiver stress, ill prepared and untrained caretakers, or pure criminal activity are breeding grounds for incidents of abuse, neglect and exploitation.
- An increasing number of older disabled adults may experience impaired decision-making relating to their personal care needs or financial management.
- People who labor for a living in jobs that require physical effort often experience more health care needs at an earlier age and are prevented from working longer to compensate for lower life time earnings.

Proposed Solutions:

- Provide additional funding of legal assistance programs for the elderly and disabled to meet their legal advocacy needs.
- Promote advance planning of care. Tactics may include advance directives, powers of attorney, public education, outreach to physicians and organized medicine.
- Establish a National Nurse Aide Registry.
- Fund more holistic, comprehensive systems that address the areas of prevention, detection, intervention, and reporting of elder abuse, neglect and exploitation. These initiatives educate individuals at risk, communities, providers and other stakeholders of available options and assistance, including legal assistance, services, housing, and employment.
- Enhance criminal penalties for violations against individuals age 60 or older or disabled adults of any age.
- Develop a program to provide services to Naturally Occurring Retirement Communities (NORC).
- Establish standards for communities to be "Elder Friendly."
- Institute universal design standards that are of value to all citizens.

Our Community

Barriers:

- Large numbers of older adults will continue to have too few resources to afford the modifications that enable them to live safely in their own homes, not to mention the even more significant costs of residential care.
- Older adults want to stay engaged in meaningful mental, physical and spiritual activities and invested in their community but may be limited by societal barriers.
- Older people and disabled adults continue to have sexual desires that are often denied expression in long term care settings.
- Older sisters, mother-daughter combinations, same sex couples, co-habiting heterosexual couples and caregivers to frail or disabled adults and their clients, among others, may increasingly wish to be considered a "couple" with the same rights and privileged as a traditional married, heterosexual couple. These groups of people currently are disadvantaged by a system that allows married couples distinct financial and legal advantages over unmarried partnerships. Married couples often get opportunities for joint decision-making, rights of survivorship and continued occupancies, and better pricing of services. Non-traditional couples deserve equal treatment and opportunities in these and other regards.
- Rural areas experience a loss of population and economic well being which make the provision of services difficult.
- Existing public transit systems do not sufficiently recognize and accommodate the needs of adults who can no longer drive independently.

Proposed Solutions:

- Build and strengthen partnership between formal and family caregivers. Tactics may include transition planning, providing dollars for transition by broadening eligibility criteria for post hospitalization Home Care reimbursement and ensuring caregiver involvement in health care assessment and care planning.
- Enable Medicaid, or other public source of money to pay for home modifications that might delay or prevent institutional placement.

- Establish building codes that include accessibility standards so that increasing numbers of homes are able to accommodate those with limited mobility.
- Support efforts to promote the use of universal design in all new homes built.
- Create opportunities for older people learn about and acquire adaptive technologies that allow them to live in their own homes more safely and conveniently.
- Encourage the long-term care industry to offer expanded opportunities for non-traditional couples to receive equal treatment.
- Require diversity training in Long Term Care curriculums, i.e. federal Nurse Aide training requirements.
- Explore ways to provide public transit for more frail elderly and others by designing roads and highways so that they accommodate the changing ability of older people to drive safely.